



CHICAGO HOPE ACADEMY

Admission Application

Student

Student's Name _____
First Middle Last

Applying for Grade _____ Starting _____ /20_____
Month Year

Phone # _____ Date of Birth ____ / ____ / ____

Home Address _____
Street Apt/Suite
City State Zip

Father

Father's Name _____

Occupation _____ Employer _____ Cell # _____

Home Address _____ Home # _____

City _____ State _____ Zip _____ Email _____

Mother

Mother's Name _____

Occupation _____ Employer _____ Cell # _____

Home Address _____ Home # _____

City _____ State _____ Zip _____ Email _____

Guardian

Guardian's Name _____ Relationship to Student _____

Occupation _____ Employer _____ Cell # _____

Home Address _____ Home # _____

City _____ State _____ Zip _____ Email _____

Student

Applicant's Current School _____

School Address _____ Phone # _____

City _____ State _____ Zip _____

Other Schools Attended
1. _____
2. _____

Has applicant ever been asked to withdraw from a school? Yes No Expelled? Yes No

Please share information with us about discipline problems. _____

Siblings

Name	Age	School	Grade
------	-----	--------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

Medical

Please describe any illnesses, diseases, or physical disabilities which either have or may affect your child's general health, schoolwork or participation in athletics. _____

If the student has received or is receiving counseling due to a serious personal problem or event, please share this information with us so we can better understand and respond to your child's needs.

Family Physician or Medical Center _____ Phone # _____

Personal

How did you hear about Chicago Hope Academy? _____

Families that live in a residence owned by the Chicago Housing Authority could potentially qualify for federal tuition assistance. Does this apply for this student? (Circle answer) _____ YES _____ NO _____

Signature of Parent/Guardian _____ Date _____

Chicago Hope Academy does not discriminate on the basis of race, color, national or ethnic origin in the administration of its admission, educational, financial aid, athletic, or school administered policies.

2189 W. Bowler St. Chicago, IL 60612 ♦ 312-491-1600 ♦ Fax: 312-491-1616
E-mail: dgeeslin@chicagohopeacademy.org ♦ website: www.chicagohopeacademy.org

Parent / Guardian Questionnaire

Chicago Hope Academy is a co-educational college and life preparatory school dedicated to nurturing and challenging the whole person – body, mind, and spirit – to the glory of the God.

1. CHA expects you as parent/guardian to be involved in your child's education. Are you in agreement with this? Please explain.

2. We want our students to be responsible, respected citizens. We believe that a student's dress should be appropriate for the activity that he/she is doing. Therefore, we require our students to wear school uniforms. Are you in agreement with the dress code? Please explain.

3. Athletics are a part of our triangle philosophy. We believe that athletics—whether individual or team-oriented—help to develop a child physically and teach self-discipline, teamwork, and sportsmanship. How do you feel about your child participating in some type of athletic activity each day?

4. Our school requires participation in Bible classes. Students will be examining the major themes of the Bible from a Christian viewpoint and comparing them to the worldviews of today's popular culture. How do you feel about this requirement?

5. Many of today's tragedies are directly related to the use of illegal drugs, yet the number one killers and time wasters are still the "legal" ones—alcohol, cigarettes, and poor eating habits. The individual and societal devastation caused by extramarital sex—most HIV/AIDS cases, abortions, and fatherless children—is also obvious. In light of this, Chicago Hope Academy students are not permitted to use, sell, purchase, or possess alcoholic beverages, tobacco products, or any drug at any time **on or off campus**. Students are also not permitted to engage in any sexual activity outside of marriage. The same is required of all our teachers. Would you be willing to support this policy while your child is a student at Chicago Hope Academy? Please explain.



CHICAGO HOPE ACADEMY

Student Questionnaire

This questionnaire should be completed in the handwriting of the student. Please write neatly and clearly. Students should read the entire questionnaire before beginning. Send the completed questionnaire with the admission application to the Admission Office at Chicago Hope Academy.

Student's Name _____

Mailing Address

Street _____ City, State _____ Zip _____

Phone # _____ Name of Current School _____

Interest Inventory

What do you like to do when you are not in school?

What books/magazines do you enjoy reading?

What book(s) have you read in the past month?

Please list any clubs or church programs you have been involved with in the past two years.

Student Writing Sample

What do you like/not like about your current school?

Why do you want to attend Chicago Hope Academy?

Pledge

I have written this application. No one wrote it for me.

On my honor as a prospective Chicago Hope Academy student, I have neither given nor received help on this application.

Signature of Student _____ Date _____



CHICAGO HOPE ACADEMY

Teacher Recommendation

Applicant's Name _____ Grade Applying For _____

Parents: Please give one of these forms to the head of school or counselor. The other form should be filled out by a teacher who has had the applicant as a student for at least one marking period.

School Official: The student named above has applied to Chicago Hope Academy. Please complete and return this recommendation after the completion of at least one marking period in the current school year.

Thank you,
Office of Admission

Please rate the applicant as realistically as you can in comparison with other students of the same grade level.

Academic Ratings:	N/A	Below Average	Average	Above Average
Ability				
Motivation				
Independence				
Creativity				
Written expression				
Verbal Expression				

Personal Characteristics:	N/A	Below Average	Average	Above Average
Energy and Initiative				
Leadership				
Responsibility				
Self-Confidence				
Warmth of Personality				
Sense of Humor				
Concern for others				
Reaction to Criticism				
Reaction to setbacks				
Maturity				
Good Judgment				
Self-Discipline				
Personal Appearance				
Attendance				

1. Does the applicant participate in a gifted or talented program? YES NO
If YES, what program? _____

2. What do you consider to be the applicant's greatest strengths?

3. Chief Weaknesses:

4. Please describe any illnesses, diseases, or learning/physical disabilities which have either affected or may affect this applicant's general health, school work or participation in athletics.

5. Has the applicant ever received counseling due to a serious personal problem or event? Does he/she have any special emotional or psychological needs? If yes, please specify them below.

6. Has the applicant ever received...
...severe disciplinary censure at school or from the community? YES NO
...school suspension? YES NO
...been asked to withdraw by the school? YES NO
...expelled? YES NO

Please share with us information about discipline matters:

Please check the following:

I highly recommend _____

I recommend. _____

I recommend with reservations. _____

I do not recommend. _____

If the response is "recommend with reservations" or "do not recommend" please explain.

Name (please print) _____ Position _____

School _____ Phone # _____

Signature _____ Date _____



CHICAGO HOPE ACADEMY

Teacher Recommendation

Applicant's Name _____ Grade Applying For _____

Parents: Please give one of these forms to the head of school or counselor. The other form should be filled out by a teacher who has had the applicant as a student for at least one marking period.

School Official: The student named above has applied to Chicago Hope Academy. Please complete and return this recommendation after the completion of at least one marking period in the current school year.

Thank you,
Office of Admission

Please rate the applicant as realistically as you can in comparison with other students of the same grade level.

Academic Ratings:	N/A	Below Average	Average	Above Average
Ability				
Motivation				
Independence				
Creativity				
Written expression				
Verbal Expression				

Personal Characteristics:	N/A	Below Average	Average	Above Average
Energy and Initiative				
Leadership				
Responsibility				
Self-Confidence				
Warmth of Personality				
Sense of Humor				
Concern for others				
Reaction to Criticism				
Reaction to setbacks				
Maturity				
Good Judgment				
Self-Discipline				
Personal Appearance				
Attendance				

1. Does the applicant participate in a gifted or talented program? YES NO
If YES, what program? _____

2. What do you consider to be the applicant's greatest strengths?

3. Chief Weaknesses:

4. Please describe any illnesses, diseases, or learning/physical disabilities which have either affected or may affect this applicant's general health, school work or participation in athletics.

5. Has the applicant ever received counseling due to a serious personal problem or event? Does he/she have any special emotional or psychological needs? If yes, please specify them below.

6. Has the applicant ever received...
...severe disciplinary censure at school or from the community? YES NO
...school suspension? YES NO
...been asked to withdraw by the school? YES NO
...expelled? YES NO

Please share with us information about discipline matters:

Please check the following:

I highly recommend _____

I recommend. _____

I recommend with reservations. _____

I do not recommend. _____

If the response is "recommend with reservations" or "do not recommend" please explain.

Name (please print) _____ Position _____

School _____ Phone # _____

Signature _____ Date _____



CHICAGO HOPE ACADEMY

Request for Records

CHA Applicant:

Fill out and turn in this form to the registrar at your student's current school. With your consent he/she can release your student's transcript to CHA for admissions review.

Current School: _____ Fax: _____

Student Name: _____

Date of Birth: ____/____/____ Present grade: _____

I (parent/guardian) _____ consent to have my student's transcript sent to Chicago Hope Academy for admissions review.

Parent/Guardian Signature

School Official:

The student named above has made application to Chicago Hope Academy.

Please Include:

- ◆ **Current grades**
- ◆ **A transcript of all work completed**
- ◆ **Standardized test scores**
- ◆ **Psychological or educational testing**
- ◆ **Special Education Records/ IEP**
- ◆ **Discipline and attendance record**
- ◆ **Immunization and Physical records**

Information should be faxed or sent to:

Chicago Hope Academy
David Geeslin
2189 W. Bowler St.
Chicago, IL 60612
312-491-1616 (fax)

Thank you for your assistance.

David Geeslin/Admissions Coordinator

2189 W. Bowler St. • Chicago, IL 60612 • 312-491-1600 • Fax: 312-491-1616
dgeeslin@chicagohopeacademy.org • www.chicagohopeacademy.org